



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).

Docket Number (Optional)

6783P016

In re Application of
Paul Egli

Application Number

09/882,525

Filed

6/15/2001

For SOFTWARE FRAMEWORK FOR WEB-BASED
APPLICATIONS

Group Art Unit

2191

Examiner

Rampuria, Satish

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Request for Continued Examination (RCE) in the above identified application.

The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|--------|------------------|----------------|
| <input type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$120 | \$60 | _____ |
| <input checked="" type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$450.00 _____ |
| <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | _____ |
| <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | _____ |
| <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 02-2666. I have enclosed a duplicate copy of the Fee Transmittal.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record. Registration Number 39,393.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 39,393.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

June 20, 2006

Date

(408) 720-8300

Telephone Number

Signature

Judith A. Szepesi

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.